MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH Primary Registration District No. 54/ DO NOT WRITE ON THIS STUB AMENDED 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before 1. PLACE OF DEATH a. STATE Missourib. COUNTY St. Louis admission) a. COUNTY VS 300 AMENDED St. Louis Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits TOWN Pagedale TOWN Clayton Yes 🌠 No 🗌 4002 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, alve location) Reside on Farm institution d.a.a. County Hosp. Yes V No 🏻 7749 Utica Drive Yes I No PY 3. NAME OF DECEASED Middle Last 4. DATE Day OF February 25, (Type or print) VISHNEAU JOSEPH Á., Never Married XXB. DATE OF BIRTH 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR  $\boldsymbol{C}$ 6. COLOR OR RACE 7. Married 🔲 5. SEX 10-23-1893 Widowed Divorced [] White 103. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, eyen if retired) Roofing Materials St. Louis, Missouri 13a. FATHER'S NAME 14. NAME OF HUSBAND OR WIFE 13b. MOTHER'S MAIDEN NAME C? Newer married Mary Crowley Joseph Vishneau 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of Yes WOT I d War Harry Dubin, 7749 Utica Drive 1200 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH RECORD IMMEDIATE CAUSE (a) 11 NSTEAD Conditions, if any, which gave rise to above cause (a), stating the under-13 lying cause last. .. DUE TO (c) 8 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) there a pregnancy in last 90 days. **AMENDMENTS** 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT SUICIDE HOMICIDE YES | NO | 20c. TIME OF Hour Month, Day, Year RIBBON INJURY • a.m. STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION 20d. INJURY OCCURRED WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK [] OR TYPEWRITER READ 21. I attended the deceased from SHOULD m on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at. 22c. DATE SIGNED 22b. ADDRESS 23d. LOCATION (City, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, ġ REMOVAL (Specify) St. Louis, Missouri 2-28-1963 | Calvary Cemetery Removal 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Stock Mortuaries, 2117 E. Grand

## STATEMENT, BY LICENSED EMBALMER

	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	0,051
Student	Signed and G. Wachter
Signature of Student Embalmer	•
	P. O. Address Source

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.